

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		6	7-27-01
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>	SA	68966	6-28-01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Final	Original	Date
1	5	5	9/29/01
2	6	6	9/29/01
3	7	7	9/29/01
4	8	8	9/29/01
5	9	9	9/29/01
6	10	10	9/29/01
7	11	11	9/29/01
8	12	12	9/29/01
9	13	13	9/29/01
10	14	14	9/29/01
11	15	15	9/29/01
12	16	16	9/29/01
13	17	17	9/29/01
14	18	18	9/29/01
15	19	19	9/29/01
16	20	20	9/29/01
17	21	21	9/29/01
18	22	22	9/29/01
19	23	23	9/29/01
20	24	24	9/29/01
21	25	25	9/29/01
22	26	26	9/29/01
23	27	27	9/29/01
24	28	28	9/29/01
25	29	29	9/29/01
26	30	30	9/29/01
27	31	31	9/29/01
28	32	32	9/29/01
29	33	33	9/29/01
30	34	34	9/29/01
31	35	35	9/29/01
32	36	36	9/29/01
33	37	37	9/29/01
34	38	38	9/29/01
35	39	39	9/29/01
36	40	40	9/29/01
37	41	41	9/29/01
38	42	42	9/29/01
39	43	43	9/29/01
40	44	44	9/29/01
41	45	45	9/29/01
42	46	46	9/29/01
43	47	47	9/29/01
44	48	48	9/29/01
45	49	49	9/29/01
46	50	50	9/29/01

If more than 150 claims or 10 actions  
staple additional sheet here

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